

Foster Family Home - Corrective Action Report

Provider ID: 1-120006

Home Name: Lucila McCormack, CNA

Review ID: 1-120006-7

1042 Wong Lane

Reviewer: David Ayling

Honolulu

HI 96817

Begin Date: 9/23/2019

Foster Family Home

Required Certificate

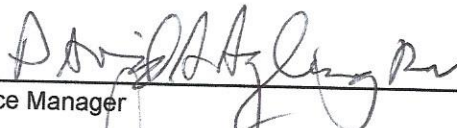
[11-800-6]

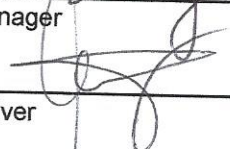
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 9/23/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

9/23/19
Date

9/23/19
Date